



San Diego's "6 to 6"  
Extended School Day Program  
Application for Enrollment  
2004-2005 School Year

To be considered during the initial review and enrollment process, this form must be postmarked by May 7, 2004 and mailed to:

To receive confirmation that your application has been received; please provide a self-addressed stamped envelope with the application.

**Please fill out this form completely and legibly.**

**Incomplete or illegible applications will not be considered.**

**This form is applicable for all family members attending the school named on line 2.**

**IF FAMILY MEMBERS ATTEND MORE THAN ONE SCHOOL, SEPARATE APPLICATIONS MUST BE COMPLETED FOR EACH SCHOOL.**

1. School child (ren) currently attend: \_\_\_\_\_
2. School child (ren) will be attending next year, the 2004-05 school year: \_\_\_\_\_
3. Name of child (ren) applying for the 2004-05 school year: \_\_\_\_\_

Child #1 _____	Date of Birth _____	Grade in Sept. 2004 _____
Child #2 _____	Date of Birth _____	Grade in Sept. 2004 _____
Child #3 _____	Date of Birth _____	Grade in Sept. 2004 _____

4. Name of parent/legal guardian completing application: \_\_\_\_\_
5. Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_
6. Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_
7. Is your child (ren) currently enrolled in, or on the 2003-04 waiting list (as of March 1, 2004) to attend San Diego's "6 to 6" Program? ☐ Yes ☐ No
8. Is your child (ren) eligible for Free or Reduced Cost Meals through the school? ☐ Yes ☐ No  
(This may be verified through your child (ren)'s school.)
9. Number of parent/legal guardians living with child (ren)? ☐ 1 ☐ 2
10. Are all parents/legal guardians living with child (ren) Full-Time employees (40 hours) or Full-Time students (12 units) or providing foster parent services to the child (ren) listed above? ☐ Yes ☐ No

(The following table must be filled out completely and will be verified.)

Name of Parent/Legal Guardian	Name of Employer, School, or Foster Service Agency**	Verification Phone # or Student ID #

\*\* If self-employed, please include your Business Tax Certificate Number, Federal ID Number, Business License Number, or a copy of your 2003 - 1099.

11. Number of days your child (ren) would attend San Diego's "6 to 6"? ☐ 5 days per week ☐ less than 5 days per week
12. Would your child (ren) attend...? ☐ Before school only\* ☐ After school only ☐ Before and After school\*

\*A.M. programs are available at most, but not all, sites, and start times vary among sites. Please check with your provider to confirm A.M. availability.

If fewer than 30 children apply for service in an existing A.M. program, the A.M. program may be cancelled.

**I certify that all of the information provided above is true and correct. I understand that San Diego's "6 to 6" Program may verify any information provided on this form. I further understand that falsifying or omitting any of the above information may disqualify my child (ren) from receiving San Diego's "6 to 6" services. I understand that completing this form does not ensure my child (ren)'s enrollment in San Diego's "6 to 6" Program.**

**Signature of Parent/Legal Guardian completing application**

**Date**

We want to be aware of any special needs so that you and your child will have a positive experience in the "6 to 6" Program. Please check here if your child needs special accommodations due to a medical condition or disability. If there is anything the "6 to 6" staff should know regarding the details of the accommodation needed by your child, please include a written explanation with your application form. ☐

Received: \_\_\_\_\_  
Date/Initials

Verified: \_\_\_\_\_  
Date /Initials